



The College of Naturopaths of Ontario

Quality Assurance Program

Amendment Request Form

Members of the College of Naturopaths of Ontario may:

- Formally request an amendment to their Continuing Education and Professional Development (CE & PD) reporting requirements or for the date by which a Peer and Practice Assessment must be completed or;
- Formally request a deferral for the submission of their Continuing Education and Professional Development (CE & PD) log, or for the date by which a Peer and Practice Assessment must be completed or;
- Formally request an extension for the submission of their Continuing Education and Professional Development (CE & PD) log, or for the date by which a Peer and Practice Assessment must be completed.

Application Process

Any request(s) must be made in writing by completing the attached request form. The form may be submitted by mail, fax or email. Applications must be received a minimum of **60 days** prior to the deadline for submitting your CE & PD log, or within **30 days** of being notified of your selection for a Peer and Practice Assessment, unless there are mitigating factors that prevent you from submitting the request within this timeframe.

You may submit a request if you were previously, or are currently:

- On maternity/parental leave,
- Seriously ill/hospitalization,
- Bereavement,
- On a leave of absence,
- Other extenuating circumstances.

Requests should include supporting documentation, where applicable, that would assist the College in making its decision. Some examples of supporting documents may include medical certificates, notes or letters to support a medical reason for the request, letters from other sources or persons, or any other documentation that is relevant to the request.

Decision

The Quality Assurance Committee will consider all requests in a fair and objective manner, and will make a determination based on each individual situation. Please submit your request as far in advance as possible, to give the Committee sufficient time to review it and make a decision. The decision may be delayed or the request denied if there is insufficient information included with the request. In this situation, you will be notified in writing and may choose to provide further information.

You will be notified in writing once the QA Committee has made a decision regarding your request. If a request is granted and you require an additional request at any point, you will be required to submit a new form.

Amendment Request Form

Please PRINT all information clearly if you are not filling out this form electronically. The College of Naturopaths of Ontario understands the importance of protecting personal information. We will use the information contained on this form in carrying out regulatory activities only. Please complete all sections.

A. Member Information	
Member Name:	Registration #:
Reporting Cycle (i.e. Group I, Group II, etc.):	Submission Due Date:
B. Request Details (Please choose <i>either</i> i., ii. or iii.)	
i. Amendment Request Details	
Amendment requested for: <input type="checkbox"/> Peer and Practice Assessment <input type="checkbox"/> CE & PD Log submission	
Specific amendment being requested (e.g. # of CE Credits):	
ii. Deferral Request Details	
Deferral requested for: <input type="checkbox"/> Peer and Practice Assessment <input type="checkbox"/> CE & PD Log submission	
Length of deferral requested (e.g. 30 days, 90 days, etc.):	
Original due date / peer assessment deadline:	
Requested submission date / peer assessment deadline:	
iii. Extension Request Details	
Extension requested for: <input type="checkbox"/> Peer and Practice Assessment <input type="checkbox"/> CE & PD Log submission	
Length of extension requested (e.g. 30 days, 90 days, etc.):	

Original due date / peer assessment deadline:		
Requested submission date / peer assessment deadline:		
B. Request Details (Cont'd)		
Reason for request:		
<input type="checkbox"/> Illness / current hospitalization	<input type="checkbox"/> Leave of absence	
<input type="checkbox"/> Bereavement	<input type="checkbox"/> Personal hardship	
<input type="checkbox"/> Maternity / parental leave	<input type="checkbox"/> Other	
If you selected 'other', please specify:		
Please provide a brief description of the reason(s) for your request. You may attach this section as a separate page if you prefer.		
Please attach any relevant documentation (e.g. medical certificates, letters, etc.,) that supports your request and would assist the College in making its decision.		
Supporting documentation attached:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
C. Declaration and Signature		
I hereby declare that, to the best of my knowledge, the information on this request form is true and complete. I understand and agree that if I make a false or misleading statement, the College may deny my request without further consideration of the request.		
Name:	Signature:	Date:
<input type="checkbox"/> Please check this box if you are completing this form electronically. This represents your signature.		

You may submit the completed form by mail, fax or email:

Mail

Quality Assurance Department
College of Naturopaths of Ontario

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Toronto, ON M5V 3E3

Email

qa@collegeofnaturopaths.on.ca

Phone

416-583-6010

Fax

416-583-6011